

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/381079

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		2				
7		(1)				
8		(1)				
9		1				
10		2				
11		2				
12		(1)				
13		(1)				
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50						
TOTAL IND.						
TOTAL DEP.	35					
TOTAL CLAIMS	37					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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TOTAL DEP.												
TOTAL CLAIMS												